

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>DT</i>		<i>6-8-00</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>6-14-00</i>
<b>FORMALITY REVIEW</b>		<i>609652</i>	<i>08/17/00</i>
<b>RESPONSE FORMALITY REVIEW</b>		<i>71476</i>	<i>10/26/00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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